UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

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UNITED STATES OF AMERICA and the STATES OF NEW JERSEY and NEW YORK, *ex rel*. KENNETH W. ARMSTRONG,

Plaintiff and Relator,

Civil Action No.: 12-cv-03319

V.

Relator's First Set of Interrogatories Directed to the Estate of Kipiani and Andover Defendants

ANDOVER SUBACUTE AND REHAB CENTER SERVICES ONE, INC.; ANDOVER SUBACUTE AND REHAB CENTER SERVICES TWO, INC, ESTATE OF DR. HOOSHANG KIPIANI; DR. SANJAY JAIN; and DR. BORIS FREYMAN,

Defendants.

Pursuant to Rule 33 of the Federal Rules of Civil Procedure, the Relator by its undersigned counsel, hereby requests that Defendants, The Estate of Kipiani and Andover, both answer the following Interrogatories under oath and serve answers within thirty (30) days.

All of the instructions and definitions from Relator's first RFPs directed to Andover and are incorporated herein by reference.

1. For the year 2009, please identify all claims that were submitted to the Medicare and/or its fiscal intermediary for payment by or on behalf of Dr. Kipiani for any service (e.g., physician visits) performed for an Andover patient and identify the date of the alleged service, the billing code associated with alleged service, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was performed, the amount that Medicare paid for the alleged service and the date payment was received. (Note, you may reference the Medicare claim's data excel file as your answer.)

- 2. For each patient identified in your answer to the previous interrogatory, please identify all claims for any services (e.g., per diem) that Andover submitted to New Jersey or New York Medicaid and/or its fiscal intermediary and identify the date on which the service was alleged to have been performed, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was allegedly performed, the billing code associated with the alleged service and the amount paid by New Jersey or New York Medicaid for the alleged service and the date payment was received.
- 3. For the year 2010, please identify all claims that were submitted to the Medicare and/or its fiscal intermediary for payment by or on behalf of Dr. Kipiani for any service performed (e.g., physician visits) for an Andover patient and identify the date of the alleged service, the billing code associated with alleged service, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was performed, the amount that Medicare paid for the alleged service and the date payment was received. (Note, you may reference the Medicare claim's data excel file as your answer.)
- 4. For each patient identified in your answer to the previous interrogatory, please identify all claims for any services (e.g., per diem) that Andover submitted to New Jersey or New York Medicaid and/or its fiscal intermediary and identify the date on which the service was alleged to have been performed, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was allegedly performed, the billing code associated with the alleged service and the amount paid by New Jersey or New York Medicaid for the alleged service and the date payment was received.
- 5. For the year 2011, please identify all claims that were submitted to the Medicare and/or its fiscal intermediary for payment by or on behalf of Dr. Kipiani for any service performed (e.g., physician visits) for an Andover patient and identify the date of the alleged service, the billing code associated with alleged service, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was performed, the amount that Medicare paid for the alleged service and the date payment was received. (Note, you may reference the Medicare claim's data excel file as your answer.)
- 6. For each patient identified in your answer to the previous interrogatory, please identify all claims for any services (e.g., per diem) that Andover submitted to New Jersey or New York Medicaid and/or its fiscal intermediary and identify the date on which the service was alleged to have been performed, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was allegedly performed, the billing code

associated with the alleged service and the amount paid by New Jersey or New York Medicaid for the alleged service and the date payment was received.

- 7. For the year 2012, please identify all claims that were submitted to the Medicare and/or its fiscal intermediary for payment by or on behalf of Dr. Kipiani for any service performed (e.g., physician visits) for an Andover patient and identify the date of the alleged service, the billing code associated with alleged service, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was performed, the amount that Medicare paid for the alleged service and the date payment was received. (Note, you may reference the Medicare claim's data excel file as your answer.)
- 8. For each patient identified in your answer to the previous interrogatory, please identify all claims for any services (e.g., per diem) that Andover submitted to New Jersey or New York Medicaid and/or its fiscal intermediary and identify the date on which the service was alleged to have been performed, the name of the patient (or the first 6 letters of the patient's last name) for whom the service was allegedly performed, the billing code associated with the alleged service and the amount paid by New Jersey or New York Medicaid for the alleged service and the date payment was received.

Dated: April 12, 2019 s/ Bradford L. Geyer, Esq

Bradford L. Geyer, Esq N.J. Id. No. 022751991 GeyerGorey LLP 2006 Berwick Drive Cinnaminson, NJ 08077 Attorneys for Relator